

# CONSENT FORM FOR INFLUENZA VACCINE

2017 – 2018

CHECK ALL THAT APPLY.

- I have read and received a copy of the Influenza Vaccine Information Statement.
- I understand the benefits and risks of getting the flu shot.
- I do not have any allergies to eggs, latex, thimerosal or other vaccine components.
- I hereby allow Vanderbilt Health at MNPS Employee and Family Healthcare Centers representatives to administer the flu vaccine today and to perform any needed emergency measures.

Date \_\_\_\_\_ Home Phone \_\_\_\_\_

DOB \_\_\_\_\_ Mobile Phone \_\_\_\_\_

SSN \_\_\_\_\_ Work Phone \_\_\_\_\_

Print Name \_\_\_\_\_

Address \_\_\_\_\_

Signature \_\_\_\_\_

Parent's Signature (if under 18) \_\_\_\_\_

Print Parent's Name (if under 18) \_\_\_\_\_

**PLEASE NOTE ALL FIELDS ABOVE ARE TO BE FILLED OUT BY PATIENT, AND ARE REQUIRED PRIOR TO VACCINATION.**

---

## MEDICARE ONLY

Medicare Number \_\_\_\_\_

Effective Date      A      \_\_\_\_\_

   B      \_\_\_\_\_

**THIS SECTION IS REQUIRED  
FOR MEDICARE AND  
HEALTHSPRING MEMBERS**

---

## HEALTHSPRING ONLY

Healthsprings Number \_\_\_\_\_

---

## PROVIDER ONLY

**Lot Number**

**Expiration Date**

**Injection site**              Left Deltoid              Right Deltoid

Other \_\_\_\_\_

**Nurse Signature** \_\_\_\_\_